TITLE: PLUMB BOB SQUARE BRACKET

Transmitted h	nerewith	for	filing	is	the	patent	application	of	under	37	CFR	1.	53 ((b)
INVENTOR(S):	LaVern	ALEC	CI											

___ This application is being filed without the declaration of the inventor(s). Inventor information is as follows:

·································		
Continuation		

_ This is a continuing application of prior Application No. __/____, filed

Enclosed are:

- X Specification
- X 3 Sheet of drawings

Divisional

Continuation-in-part

X Oath or Declaration signed by the inventor(s)

_X	Newly Executed		•		•	,	
	Copy of Oath o	r Dec	laration	from	а	Prior	Application

 1-7					pp	cour		
 PLEASE	DELETE	the	following	inventor(s)	named	in	the	prior
nonprov	isional/	. apr	olication:					

 The inventor(s) to be deleted a sheet attached hereto.	are set forth on a separate
 If copy of Declaration filed, t	the entire disclosure of the prior

application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

Microfiche Computer Program

Nucleotide and/or Amino Acid Sequence Submission

Assignment to ____

Certified copy of__

Convention priority is claimed.

English Translation Document

Small entity status is claimed

Preliminary Amendment

Information Disclosure Statement

X Form PTO-1449 w/copies of references cited

ALEXANDRIA, VIRGINIA 22314-2700 N S

DENNISON, SCHULTZ, DOUGHERTY & MACDONALD

(A duplicate copy of this sheet is enclosed) X A check in the amount of \$ 385.00 is enclosed to cover: X Filing Fee of \$ 385.00 ____ Assignment Recordation Fee of \$_____ five dollars or less, is specifically requested. A duplicate copy of this sheet is enclosed. 2/4/03 Amir H. Behnia Reg. No. 50215 DENNISON, SCHULTZ, DOUGHERTY & MACDONALD

1727 King Street, Suite 105 Alexandria, VA 22314-2700 (703) 837-9600 Ext. 16

The Filing Fee has been calculated as shown:

(Small Entity) (Large Entity) BASIC FEE \$770 Total Claims 10 -20 = - x + 9 =x \$ 18 =2 <u>Indep. Claims</u> - 3 = x \$ 43 =x \$ 86 =Multiple Dependent Claims Presented + \$145 = + \$290 = \$385 Please charge Deposit Account _____ in the amount of \$_____ ___ A payment of \$_____ is made by credit card. A Credit Card Payment Form (PTO-2038) is attached hereto. The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR 1.16 or any patent application processing fees under 37 CFR 1.17, or credit any over payment to the credit card account shown on the attached Credit Card Payment Form. Refund of all amounts overpaid, including those of twenty-The Commissioner is hereby authorized to charge payment of any additional claims fees required under 37 CFR \$1.16 or processing fees under 37 CFR \$1.17, or credit any overpayment, to Deposit Account No. 04-0753.

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